Case 21-10603-elf Doc 5 Filed 03/12/21 Entered 03/12/21 10:38:35 Desc Main Document Page 1 of 4

Fill in this information to identify your case:							
Debtor 1	Greg W. Hoffman						
Debtor 2 (Spouse, if filing)							
United States B	Sankruptcy Court for the:	Eastern District of Pennsylvania					
Case number (if known)							

Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Column A Debtor 1			Column B Debtor 2 or non-filing spouse	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and co	ommissio	ons (before all	\$	0.00	\$	0.00
Alimony and maintenance payments. Do not include Column B is filled in.	le payme	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Do not include payments from a spo you listed on line 3. Net income from operating a business,	rt. Includ old, your use. Do	le regular depende not includ	contributions nts, parents,	\$	0.00	\$	0.00
profession, or farm	Debtoi	r 1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property	Debtoi	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
Net monthly income from rental or other real property	r.	0.00	Copy here ->	\$	0.00	\$	0.00

ebtor	Greg W. Hoffman			Case number	er (<i>if known</i>)		
				Column A Debtor 1		Column B Debtor 2 non-filing	or	
7. I	nterest, dividends, and royalties			\$	0.00	\$	0.00	
	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the Social Security Act. Instead, list it here:	he amount received was a bene	efit under					
	For you	\$0	.00					
	For your spouse	\$ 0	.00					
k r l c	Pension or retirement income. Do not include the Social Security Act. Also, expendit under the Social Security Act. Also, expendit include any compensation, pension, pay, United States Government in connection with disability, or death of a member of the uniformous paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to fretired under any provision of title 10 other	ide any amount received that wa except as stated in the next sente annuity, or allowance paid by the a disability, combat-related injured services. If you received are clude that pay only to the extent which you would otherwise be	ence, do he ury or ny retired that it	\$	587.00	\$_	0.00	
] () () ()	ncome from all other sources not listed a Do not include any benefits received under the under the Federal law relating to the national under the National Emergencies Act (50 U.S. coronavirus disease 2019 (COVID-19); paymorime, a crime against humanity, or internation compensation, pension, pay, annuity, or allow Government in connection with a disability, codeath of a member of the uniformed services separate page and put the total below.	ne Social Security Act; payment emergency declared by the Pre .C. 1601 et seq.) with respect to tents received as a victim of a way anal or domestic terrorism; or wance paid by the United States ombat-related injury or disability	es made esident o the var s					
	social security not included			\$	0.00	\$	0.00	
				\$	0.00		0.00	
	Total amounts from separate pages	, if any.		\$	0.00	\$	0.00	
	Calculate your total average monthly incoeach column. Then add the total for Column. Determine How to Measure Your De	A to the total for Column B.	\$	587.00	+ \$	0.00		587.00
12. (Copy your total average monthly income f	rom line 11.					\$	587.00
٠.	Calculate the marital adjustment. Check or	16:						
	You are not married. Fill in 0 below.	a with year. Fill in O below						
	You are married and your spouse is filin	•						
١	You are married and your spouse is not	0 ,	· ·				,	
	Fill in the amount of the income listed in dependents, such as payment of the spe							
	Below, specify the basis for excluding the adjustments on a separate page.	•						
	If this adjustment does not apply, enter	D below.						
			_ \$					
			_ \$					
			_ +\$					
	Total		\$	0.0	00	copy here=>		0.00
4.	Your current monthly income. Subtract li	ne 13 from line 12.					\$	587.00
_	Output de la company de la com	(h						
5.	Calculate your current monthly income for	or the year. Follow these steps	S:					587.00
	15a Copy line 14 here=>						\$	307.00

Debtor 1	Greg W. Hoffman	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).	Г	x 12
15	b. The result is your current monthly income for the year for this pa	art of the form\$	7,044.00

Debt	or 1	Greg	W. Hoffman		Case number (if known)		
16	. Cal	culate t	he median family income that applies to yo	ou. Follow th	ese steps:		
	16a	. Fill in t	he state in which you live.	PA			
	16b	. Fill in t	he number of people in your household.	2			
	16c.		 he median family income for your state and s			\$	70,577.00
		To find	d a list of applicable median income amounts, stions for this form. This list may also be available.	go online us	sing the link specified in the separate		
17	. Hov		e lines compare?	ao			
	17a	. •	•		age 1 of this form, check box 1, Disposable includation of Your Disposable Income (Official F		
	17b	. 🗆		lation of You	nis form, check box 2, <i>Disposable income is de</i> ur Disposable Income (Official Form 122C-2)		
Par	t 3:	Calc	culate Your Commitment Period Under 11 L	J.S.C. § 132	5(b)(4)		
18.	Cop	y your	total average monthly income from line 11	l .		\$	587.00
19.	cont	tend tha	e marital adjustment if it applies. If you are a at calculating the commitment period under 11 come, copy the amount from line 13.				
	•		narital adjustment does not apply, fill in 0 on I	ine 19a.		-\$	0.00
	19b	Subtra	act line 19a from line 18.			\$	587.00
20.	Cal	culate y	your current monthly income for the year.	Follow these	steps:		
	20a	. Copy I	ine 19b			\$_	587.00
		Multip	y by 12 (the number of months in a year).			X	12
	20b	. The re	sult is your current monthly income for the ye	ar for this pa	rt of the form	\$_	7,044.00
	20c.	. Copy t	the median family income for your state and s	ize of house	hold from line 16c	\$	70,577.00
	21.	How o	to the lines compare?				
			ine 20b is less than line 20c. Unless otherwis eriod is 3 years. Go to Part 4.	e ordered by	the court, on the top of page 1 of this form, che	eck box 3, 7	he commitment
			ine 20b is more than or equal to line 20c. Unlo	ess otherwis	e ordered by the court, on the top of page 1 of	this form, ch	eck box 4, The
Par	t 4:	Sign	Below				
	By s	igning l	here, under penalty of perjury I declare that th	ne information	n on this statement and in any attachments is to	ue and corr	ect.
)	(/s/	Greg	W. Hoffman				
	Gr	eg W.	Hoffman				
			of Debtor 1 ch 12, 2021				
	Dull		DD / YYYY				
	If yo	u checl	ked 17a, do NOT fill out or file Form 122C-2.				
	If yo	u checl	ked 17b, fill out Form 122C-2 and file it with th	nis form. On I	ine 39 of that form, copy your current monthly i	ncome from	line 14 above.